

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Human Rights Campaign C90012626		FEC IDENTIFICATION NUMBER ▼ C C90012626	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee API		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 4471 Nicole Dr		Amount 15.50	
City Lanham	State MD	Zip Code 20706	Transaction ID : D622730
Purpose of Expenditure Buttons	Category/Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 28 / 2016	
Name of Federal Candidate Hillary Rodham Clinton		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 14100.89		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Campus Coach Lines		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 545 Fifth Ave		Amount 4700.00	
City New York	State NY	Zip Code 10017	Transaction ID : D622731
Purpose of Expenditure Bus for volunteers	Category/Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 05 / 2016	
Name of Federal Candidate Hillary Rodham Clinton		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 14100.89		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4715.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. James Rinefierd

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
02 / 05 / 2016

Signature

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Fairfield Inn by Marriott Manchester			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address 860 S Porter St			Amount 249.61		
City Manchester	State NH	Zip Code 03103	Transaction ID : D622751		
Purpose of Expenditure Hotel for volunteers		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 05 / 2016		
Name of Federal Candidate Hillary Rodham Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:		
Calendar Year-To-Date Per Election for Office Sought		14100.89	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee EconoLodge by Choice Hotels			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address 75 W Hancock St			Amount 7760.80		
City Manchester	State NH	Zip Code 03102	Transaction ID : D622752		
Purpose of Expenditure Hotel for volunteers		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 05 / 2016		
Name of Federal Candidate Hillary Rodham Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:		
Calendar Year-To-Date Per Election for Office Sought		14100.89	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8010.41
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	12725.91

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Mr. James Rinefield

[Electronically Filed]

Date

MM / DD / YYYY
02 / 05 / 2016

Signature